

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
EASTERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

Cr. No. 05-10005-T

ROLAND HAYER,

Defendant.

MOTION TO EXCUSE THE DEFENDANT FROM
A PERSONAL APPEARANCE AT REPORT
AND SUBMISSION OF HOSPITAL RECORDS

COMES NOW the defendant herein, ROLAND HAYER, by and through appointed counsel, and moves this Honorable Court to excuse the defendant's appearance at his report date on April 21, 2005. In support whereof, defendant herewith submits photocopies of hospital discharge papers, attached, from Jackson-Madison County General Hospital, showing that the defendant was admitted on Sunday, April 17, 2005, and discharged on Tuesday, April 19, 1005. Defendant was too ill to report to the Court personally on April 21, 2005, and respectfully begs the Court to excuse his personal appearance.

WHEREFORE, defendant Roland Hayer respectfully moves this Honorable Court to excuse his appearance before the court on April 21, 2005 due to his illness.

MOTION GRANTED
DATE: 26 April 2005

This document entered on the docket sheet in compliance
with Rule 55 and/or 32(b) FRCP on 04-26-05

James D. Todd
U.S. District Judge

FILED BY — DC
05 APR 26 PM 3:36
ROBERT R. DI TROLO
CLERK OF U.S. DIST. CT
WD. OF TN.-JACKSON

FILED BY — S
05 APR 25 PM 3:23
ROBERT R. DI TROLO
CLERK OF U.S. DIST. CT
WD. OF TN.-JACKSON

Respectfully submitted,



APRIL R. GOODE
Assistant Federal Defender
200 Jefferson Avenue, Suite 200
Memphis, TN 38103
(901) 544-3895

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Motion to Excuse the Defendant from a Personal Appearance at Report and Submission of Hospital Records has been forwarded to James W. Powell, Esq., Assistant U.S. Attorney, 109 S. Highland Avenue, 3rd Floor, Jackson, TN 38301, this 21st day of April, 2005.



APRIL R. GOODE

Method of Discharge:

Ambulatory:

Wheelchair:

Ambulance:

Accompanied by:

Friend:

Family:

Other:

Values and/or Medicines:

Returned to patient:

Given to family:

With Security:

In Business Office:

Vital Signs On Discharge:

Pain Scale:

B/P: 129/66

Pulse: 75

Respirations: 16

Temperature: 98.4

Discharged To:

☐ Home/Assisted Living☐ Home with Home Health*☐ Home with Hospice*☐ Home with Infusion Therapy*☐ Hospice Facility*

Nursing Home/Transitional Care*

☐ ICF Bed ☐ SNF bed☐ Hospice Bed☐ Rehabilitation Unit/Facility*☐ Swing Bed*☐ Psychiatric Facility*☐ Federal Hospital*☐ Children's Hospital*☐ Cancer Hospital*☐ Other Acute Care Facility*

* Include name of facility or agency below:

☐ Expired☐ Left AMA

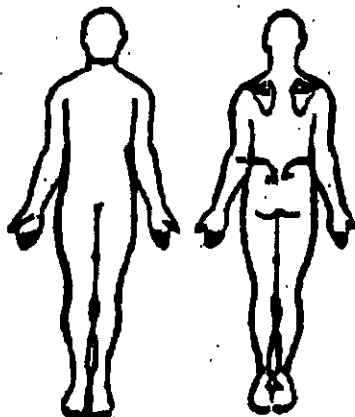
FOR COMPLETE PHYSICAL ASSESSMENT, SEE PATIENT ASSESSMENT FLOW SHEETS

Skin Assessment: Wounds/Areas of Breakdown

Location:	
Appearance:	
Size:	
Drainage:	
Comments:	

Peripheral IV/Central Line Skin Assessment

IV D/C Date:	4/17/05
Location:	Right arm
Appearance:	Good
Comments:	



Patient Teaching: Patient and/or responsible person verbalizes and/or demonstrates knowledge of the following:

- Medicines: See page 2
- Diet/Diet Teaching: Regular
- Activity Level/Limitations: No tolerated
- Use of Equipment: N/A
- Wound Care/Special Procedures: Keep clean for yeast infection
- Pain Management: Take pain medicines as ordered, rest, other: N/A
- Importance of stopping smoking (if applicable):
☐ Gave copy of teaching sheet "Stopping Smoking"
- Signs and symptoms of recurrence to report to the doctor: New breast mass, chest pain, short of breath, nausea, vomiting, Temp above 101
- ☒ Informed regarding Press Ganey Survey Process
- Other Information:
- Follow-up appointment with Doctor: Scheduled with Dr. Hoxmyer 4/28/05
- Referrals:

Yes No Date: Instructed by:

HAYER, ROLAND
04/17/2005 04:55

M W 89Y 01/15/1936

MED

Acct# 4291855

MR# 632995 Z2

Jackson-Madison County General Hospital

An affiliate of West Tennessee Healthcare

PATIENT TEACHING AND DISCHARGE SUMMARY

Form Number DISPLA0006

Page 1 of 2

Revised 08/07/04

☐ No home medicines

Name of Medicine	Dose	Frequency	Reason for Medicine
1. * Continue all home meds			
2. as prescribed. *			
3.			
4. Keep appointment with			
5. Dr. Horneycutt			
6.			
7. * Continue to use powders for			
8. Rinsing with			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

X R. N. H. H. H.
Patient or Responsible Person's Signature

Shelly Bryant
Nurse's Signature

4/19/05
Date

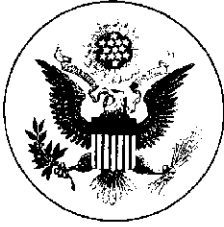
13:30
Time

If the patient you are picking up is not at the front door, please ask the person at the Information Desk to check.
Please do not leave your car unattended at the door. Thank you!

HAYER, ROLAND
04/17/2005 04:55 M W 69Y 01/15/1936
MED
Acct# 4291655 MR# 632995 Z2

Jackson-Madison County General Hospital
An affiliate of West Tennessee Healthcare
PATIENT TEACHING AND DISCHARGE SUMMARY
Form Number DISPLA0006 Page 2 of 2 Revised 06/07/04

TOTAL P.03



Notice of Distribution

This notice confirms a copy of the document docketed as number 29 in case 1:05-CR-10005 was distributed by fax, mail, or direct printing on April 29, 2005 to the parties listed.

April Rose Goode
FEDERAL PUBLIC DEFENDER
200 Jefferson Ave.
Ste. 200
Memphis, TN 38103

James W. Powell
U.S. ATTORNEY'S OFFICE
109 S. Highland Ave.
Ste. 300
Jackson, TN 38301

Honorable James Todd
US DISTRICT COURT